

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000098908

1. Entity Name
PJ'S MASONRY SERVICES, INC.



Principal Place of Business
**5080 SPRINGBANK ROAD
GREEN COVE SPRINGS, FL 32043 US**

Mailing Address
**5080 SPRINGBANK ROAD
GREEN COVE SPRINGS, FL 32043 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1079933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUNTER, PAULA E
5080 SPRINGBANK ROAD
GREEN COVE SPRINGS, FL 32043**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HUNTER, JOSEPH E**
STREET ADDRESS **5080 SPRINGBANK ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **S**
NAME **HUNTER, PAULA E**
STREET ADDRESS **5080 SPRINGBANK ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

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02/10/06-80085-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P.E. Hunter* **P.E. HUNTER** 1/28/06 904-284-7616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #